

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	69821	12/9
O.I.P.E. CLASSIFIER		11	12-21-1991
FORMALITY REVIEW	SSS	65685	11-2-1990
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5-2-93
2	5-17-93
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50	5-17-93

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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